

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 08/20/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/22/2006						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0		0	0		0
3404904	WESTERN HIGHLAN	8534	256	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8536	125	ATTENDING PROVIDER TYPE AND SP	0	744	10349	9605
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8599	114	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404910	PATHWAYS	11	420	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	85	DETAIL NOT COVERED BY COMBINAT	39	630	3292	2633
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	33	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404912	CATAWBA COUNTYM	11	50	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		3412	13	PROVIDER TYPE AND SPECIALTY 07	11	77	261	184
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8935	11	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	11	687	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8933	60	ADTNC INELIGIBLE TO RECEIVE SE	74	832	931	99
				RVICES IN IPRS.				
		143	36	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL							
		0	0		0	0	247	247
3404917	CENTERPOINT HUM	8599	2128	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	944	DUPLICATE OF CLAIM-SYSTEM	264	6091	9465	3374
		79	623	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8536	87	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	151	1850	1699
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	21	10105	DUPLICATE OF CLAIM-SYSTEM				
		8599	2865	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	535	15883	36941	21058
		79	771	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C BATHAM AREA	11	453	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		27	136	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	0	980	2066	1086
		3412	131	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404922	THE DURHAM CENT ER	3411	440	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	346	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	1393	3779	2386
		21	258	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	11	309	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	142	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	683	2404	1721
		8534	92	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404925	SANDHILLS CENTE R FOR MH/DD	11	64	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	60	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	2	226	3030	2804
		8621	49	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404926	SOUTHEASTERN RE G MENTAL HL	21	4292	DUPLICATE OF CLAIM-SYSTEM				
		11	107	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	4634	6340	1706
		5313	75	PRIOR AUTHORIZED FREQUENCY EXC EDED				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	21	323	DUPLICATE OF CLAIM-SYSTEM				
		8622	143	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	669	4768	4099
		3412	58	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8536	20	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	36	899	863
3404931	WAKE CO HUM SVC BILLING OF	11	329	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	84	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	450	731	281
		191	8	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		143	7	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	23	61	38
		8329	1	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404934	ONslow CARTERET BEHAV HEAL	11	164	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	35	DUPLICATE OF CLAIM-SYSTEM	0	216	778	562
		120	10	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	3	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	3	48	45
3404937	EDGEcombe NASH MNTL HLTH C	21	15	DUPLICATE OF CLAIM-SYSTEM				
		8518	15	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	30	331	301

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404939	NEUSE MENTAL HE ALTH CENTER	8622	11	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	15	242	227
3404941	PITT CO MH/DD/S AS CENTER	8537	855	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		21	830	DUPLICATE OF CLAIM-SYSTEM	2	3202	4102	900
		7001	524	EXCEEDS THE ONE PER DAY LIMITA TION				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	769	DUPLICATE OF CLAIM-SYSTEM				
		4807	5	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS SERVICE	2	782	1658	876
		3411	2	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404943	ALBEMARLE MENTA L HEALTH CE	21	83	DUPLICATE OF CLAIM-SYSTEM				
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	28	222	1335	1113
		5404	37	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMA N SERVICES	8534	249	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8329	38	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	10	374	3329	2955
		8536	34	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	869	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8622	162	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	45	1255	3309	2054
		8000	75	NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL				
3404957	TIDELAND MENTAL HEALTH CTR	21	44	DUPLICATE OF CLAIM-SYSTEM				
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	4	55	881	826
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM H/DD/SA PRO	11	281	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3412	53	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	4	396	1952	1556
		21	26	DUPLICATE OF CLAIM-SYSTEM				